

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**

SERIAL NO. **10-780-757**
APPLICANT(S)

FILING DATE **02-19-04**

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT										
	IND	DEP	IND	DEP	IND	DEP			IND	DEP	IND	DEP	IND	DEP	
1	1						51								
2		1					52								
3		1					53								
4		3					54								
5		3					55								
6		3					56								
7							57								
8							58								
9							59								
10							60								
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41							91								
42							92								
43							93								
44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.	1						TOTAL IND.								
TOTAL DEP.		11					TOTAL DEP.								
TOTAL CLAIMS		12					TOTAL CLAIMS								